

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE

JENNIFER DOLD, personal representative  
of the estate of Alexander Dold; and KATHY  
DUNCAN,

Plaintiffs,

v.

SNOHOMISH COUNTY, a political  
subdivision of the State of Washington;  
BRYSON McGEE; and CODY McCOY,

Defendants.

NO. 2:20-cv-00383-RAJ

DECLARATION OF JAMES E.  
LOBSENZ IN SUPPORT OF  
PLAINTIFFS' MOTION FOR  
PARTIAL SUMMARY JUDGMENT  
ON FOURTH AMENDMENT  
EXCESSIVE FORCE CLAIM

I, James E. Lobsenz, do hereby declare under penalty of perjury under the laws of the  
United State of America that the following facts are true and correct:

1. I am counsel for the Plaintiffs. I have personal knowledge of the facts set forth here.
2. Attached to this declaration as **Appendix A** is a true and correct copy of Page 3 of  
the Autopsy Report of Alexander Dold.
3. Attached to this declaration as **Appendix B** is a true and correct copy of the  
Statement of Sergeant Daniel Johnson.
4. Attached to this declaration as **Appendix C** are true and correct copies of excerpts  
from the deposition of Donald Dawes, MD.
5. Attached to this declaration as **Appendix D** are true and correct copies of excerpts  
from the deposition of Theodore Chan, MD.

DECLARATION OF JAMES E. LOBSENZ IN SUPPORT OF  
PLAINTIFFS' MOTION FOR PARTIAL SUMMARY JUDGMENT  
ON FOURTH AMENDMENT EXCESSIVE FORCE CLAIM – 1  
(2:20-cv-00383-RAJ)

**CARNEY BADLEY SPELLMAN, P.S.**  
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(206) 622-8020



1 **CERTIFICATE OF SERVICE**

2 I hereby certify that on this 23rd day of March, 2022, I electronically filed the foregoing  
3 **DECLARATION OF JAMES E. LOBSENZ IN SUPPORT OF PLAINTIFFS' MOTION**  
4 **FOR PARTIAL SUMMARY JUDGMENT ON FOURTH AMENDMENT EXCESSIVE**  
5 **FORCE CLAIM** with the Clerk of the Court using the CM/ECF system which will send  
6 notification of such filing to the following:

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15 DATED this 23rd day of March, 2022.

16 s/ Deborah A. Groth  
17 Legal Assistant  
18  
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# APPENDIX A

**Snohomish County Medical Examiner's Office**  
**Autopsy Report**



Decedent: **Alexander William Dold**

Case #: **17SN0482**

An examination for postmortem interval is performed. At 0603 hours, the ambient temperature is measured at 48.3 degrees Fahrenheit. A body core temperature is measured at 0604 hours and measures 86.4 degrees Fahrenheit. Rigor is moderately well-developed in the bilateral upper extremities and is well-developed in lower extremities and jaw. Lividity is purple and dorsal and is unfixed at this time.

The right ankle is tagged with Snohomish County Medical Examiner Office tag number "17SN0482". The body is placed in clean, new, white sheet and new body bag and is sealed with Snohomish County Medical Examiner Office integrity tag number "0004435". We departed the scene at 0642 hours.

**OPINION**

Postmortem examination reveals numerous scattered and focally patterned cutaneous abrasions and contusions involving head, trunk, and extremities. Internal examination shows a single focus of left anterior chest muscle contusion, as well as focal contusion of the left sternohyoid muscle of the anterior neck. There are right and left tongue tip bite injuries. There is concentric left ventricular hypertrophy of the heart. There is pulmonary edema. Postmortem toxicology shows no ethanol or drugs detected.

This 29-year-old Caucasian male, Alexander William Dold, based on investigative information, external and internal examination, radiology examination, and postmortem toxicology tests, *died of cardiac arrhythmia due to cardiac left ventricular hypertrophy. Other significant conditions contributory to death were schizophrenia and physical altercation with law enforcement officers that included use of conducted electrical weapon.*

The manner of death is classified as *accident*, because death was the unintentional outcome of a physical altercation that occurred while taking Mr. Dold into custody, using a level of force that is generally not considered to be life-threatening.

*Daniel Selove MD*

Daniel Selove M.D.  
Chief Medical Examiner

*April 26 2017*

Date Signed SA/NCTSMS0001/DS

# APPENDIX B

## **Statement of Sergeant Daniel Johnson #1441**

**This is a true and involuntary statement given at the direct order of Undersheriff Rob Beidler of the Snohomish County Sheriff's Office under the threat of termination.**

I have been working in law enforcement since 1991. I have served as a limited commissioned police officer and reserve police officer. I have been a fully commissioned Police Officer in Washington since 2003. I became a full-time deputy for the Snohomish County Sheriff's Office in 2005. I was promoted to Master Patrol Deputy in 2013 and was promoted to Sergeant in August of 2016.

On March 21, 2017 I was assigned to the Snohomish County Sheriffs Office South Precinct as the South Swing-shift Sergeant (noon to midnight). I was wearing a department approved jumpsuit and driving a fully marked patrol vehicle equipped with emergency lights and sirens.

I was in the Sergeant's Office at the South Precinct when I heard screaming over the radio. A few seconds later I heard Master Patrol Deputy Bryson McGee advised he had deployed his Taser.

Dispatch immediately closed the air for emergency radio traffic. Not knowing what call he was on, I asked dispatch for his location but she did not respond so I asked again. She broadcasted the location and I proceeded out of the South Precinct and responded with my emergency lights and sirens activated.

While in route, the radio keyed back up again and they asked if somebody was coming. At that time I had dispatch advise East County Units and Monroe PD as they may be closer given the location.

As I continued, I asked dispatch on a tactical channel if he (MPD McGee) had anybody with him. Dispatch informed me that 1C2 (Deputy Cody McCoy) was with him.

As I got closer, I heard one of deputies on scene say, send help! At that point in time, another unit in route to the location told dispatch to put out a code 3 call or help the officer.

I then got on the tactical channel again not to tie up the emergency traffic and advised dispatch to put South County at level two operations and to have aid stage for the incident.

While continuing to the call, both MPD McGee and Deputy McCoy spoke on the radio asking us to hurry up and provided a description on the location they were at.

MPD McGee was breathing heavy on the radio as he spoke. He did not sound like his normal self, indicating to me that he was exhausted from the altercation.

I then heard a Monroe PD unit arrive on scene. At that time, I looked at the map and estimated I was within a mile of the location so, I put on gloves and grabbed a spit mask and a hobble restraint and put them in my pocket.

Upon arrival, I observed two marked SCSO cars parked across the street a couple driveways before the residence. I also noticed a Monroe PD patrol car parked in the driveway of the residence. I parked on the street just past the driveway and ran in on foot just as another Officer/Deputy was coming in right behind me.

As I approached the front of the residence I could hear a commotion. As I rounded the corner to the residence, I observed three officers struggling with a male on the front steps to the residence. I also observed an older lady talking on a phone in the front window to the left of the closed front door.

As I got closer, I saw MPD McGee and Deputy McCoy literally crawling off of the male looking disheveled and exhausted as I arrived.

At that point, the male was face down on the front steps with his head facing the bottom step. His hands were concealed underneath his waist area and he was still preventing us (Officers/Deputies) from placing him into custody by actively keeping his hands underneath him pulling away. Not knowing if he had any weapons or not, I ran up the stairs and proceeded to kick him in his left upper thigh area two to three times as I yelled, "Let's see your hands" as the other officers/deputies who arrived attempted to gain control of him by of his upper torso and legs.

I then dropped to my knee. I tried to grab his left hand from under him but he was still giving static resistance preventing me from placing his left hand behind his back. I then delivered several closed hand strikes to his lower left torso area and yelled, "Give me your hand" and "Stop resisting." That had little to no effect on him so, I pulled out my Taser, said, "Taser" and proceeded to drive stun him above his butt crack to left side of his upper buttock.

After several seconds I thought my Taser was not working because I was not getting any reaction or response from the Taser application. Nor was I hearing any sounds emitting from the Taser itself. I removed the Taser and verified it was still properly cycling. Since it was not having any affect I re-holstered the Taser and proceeded to grab his left wrist as it was now out from under him.

I assisted the other Officers/Deputies secure his hands in handcuffs. I then instructed the others to move him off the stairs and onto the flat ground.

Once he was on flat ground, I used my hobble restraint to secure his legs as he was still being held down to further prevent him from injuring himself or us. After I



secured his legs, I looped it around the handcuffs to further prevent any injury from him kicking or fighting with us.

At that time, I advised dispatch that we had one in custody and that no other units were needed at this time. As I was saying those things, I noticed that the subject was barely moving. I said, "Is he still breathing?" I then told the others to, "Roll him over onto his side and check." He was immediately rolled over onto his right side. That's when we noticed that his breathing was labored. Deputy Miner told aid to respond in. I told them the spot was secure since I was not aware of how many other occupants were involved on the original domestic or what else we were dealing with from the originally call.

As I went out to the street to direct the aid car in, someone yelled that the suspect had stopped breathing and that they were starting CPR. I then got on the radio and instructed the units to move their cars out of the driveway before the aid crew arrived so that they could pull right up to the patient.

Once they arrived, I informed them to hurry up that the suspect had stopped breathing and that officers were now performing CPR. They asked me what was wrong with him and I stated, "I don't know, he fought with officers for 10 minutes and got Tased" (Guestimate on time based on driving). The aid crew then ran in and started life saving measures.

Sgt. Grandall arrived on scene and asked me what I needed. I told him to stay with the patient while I went out to the street to speak with MPD McGee and Deputy McCoy to see if they needed aid.

Both of them were out of breath and exhausted. MPD McGee stated his right hand was hurting and he was sore but he didn't think anything was broken. I asked them if they needed water and MPD McGee said yes. I then got him water from my car. I then told both of them to stay out here in the street away from the scene. I also told them, I would have another unit handle the primary call since they were now victims of an assault.

I instructed Deputy Marino to go inside the residence and investigate the original incident as MPD McGee and Deputy McCoy were now done with the call.

I also tasked a WSP Trooper whom arrived on scene to block off the road at the top of the hill to restrict traffic into the neighborhood.

I then notified LT. Rogers via telephone of the incident and that aid was performing CPR. He informed me that he was in route to the location.

I then went back to speak to Deputy McCoy to check up on him. He was sitting on the front bumper of a patrol car catching his breath. He said he was doing okay with the exception of the shit he had on him. I asked him, "What do you mean?" He then

pointed down to his uniform and showed me the feces on his uniform. I asked him, "Where did that come from?" He told me that during the altercation the suspect, "shit his pants." I stated that, I noticed that his pants had been down from the altercation but I didn't realize he "shit himself."

At that time I looked over my uniform and noticed that I had some feces on my right leg below the knee and down towards my shin and on the toe area of my right boot.

About that time, the graveyard Sergeant (MPD McGee and Deputy McCoy direct supervisor) Sergeant Fortney arrived on scene. I quickly briefed him on the situation and informed him that this may turn into a SMART call. I asked him if he knew if I could clean my uniform or if I had to wait for SMART to photograph me? He stated if it was a biohazard I could wash it off.

I then went to my patrol car cleaned up using Lysol wipes and paper towels. I then disposed of the waste in a garbage bag along with the gloves I wore to clean up. I tied the bag off and placed it in the rear cargo area of my patrol car.


I then went and spoke to the officers and deputies involved and informed them not to discuss the incident with others and to stay separated as this was most likely going to be a SMART call given that medics were still performing CPR.

LT. Rogers arrived on scene and assigned Deputy Poteet to me since the patient had passed away. I remained on scene by my patrol car until I was instructed to go to the South Precinct to be interviewed at which time I did.

I then drove to the South Precinct and sat in the Sergeant's Office with Deputy Poteet and a peer support member until I met with my union attorney.

After my meeting, I met with Detectives from the SMART Team. At that time, I provided them with my Taser and informed them that I had cleaned my uniform due to the biohazard concern and had removed my gloves. I fully cooperated with their investigation and even provided them with my uniform, boots and the garbage bag I used to store the waste.

This ended my involvement in this incident.

 # 1441

# APPENDIX C

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CODY McCOY, )

Defendants. )

REMOTE VIDEO RECORDED DEPOSITION UPON ORAL EXAMINATION OF  
DONALD DAWES, MD

TUESDAY, JANUARY 18, 2022

DEHUFFDEPO.COM



1       can affect the, the performance of the heart, you know,  
2       myocardial contractility, can affect the strength of the  
3       muscles of respiration, like the diaphragm. It can  
4       affect brain functioning. I mean, acidosis can have a  
5       whole wide range of organ effects, but the ones usually  
6       of interest are the heart and lung effects.

7   Q    Okay. And as acidosis gets more and more severe can it  
8       cause death?

9   A    Yes.

10  Q    Okay. Can it cause death because of its affect on the  
11       performance of the heart?

12  A    Yes.

13  Q    Can it cause death because of its affect of the strength  
14       of the diaphragm?

15  A    Yes.

16  Q    Can it cause death because of its affect on brain  
17       function?

18  A    Probably a little harder to make that connection, but  
19       certainly it's a consideration. It can potentially  
20       affect brain stem function, which controls a lot of the  
21       basic cardiorespiratory functions.

22  Q    Why is it a consideration? Why is the brain function a  
23       consideration as a cause of death from acidosis?

24  A    Well, because I'm not, I'm not aware that there's been a  
25       hundred percent link to the brain stem function.

1       Dysfunction occurs because of acidosis before the other  
2       things occur, but it's certainly possible that if, if  
3       the brain is affected, that can then have neurologic  
4       impacts on the heart and lung. But I think it's  
5       primarily direct effects on heart and lung.

6       Q    Okay. Let me see if my understanding is correct. The  
7       brain stem has the part of the brain that controls the  
8       autonomic nervous system; is that right?

9       A    Correct.

10      Q    So, it's in the brain stem that -- That's the part of  
11      the brain that controls whether your heart is beating  
12      without your having to think about it; right?

13      A    Right.

14      Q    And that's the part of your brain that generally when  
15      you're asleep controls your breathing without your  
16      having to think about it; right?

17      A    Correct.

18      Q    All right. I don't know, I had -- My Godmother was one  
19      of the last people in the United States to have polio,  
20      and she survived it and lived, like, fifty more years or  
21      something. But it affected her brain stem, her  
22      autonomic nervous system, so she had to think every  
23      breath she took for, like, fifty years. She had to sort  
24      of think, "I want to breathe in; I want to breathe out;  
25      I want to breathe in; I want to breathe out." Now, am I

1 right, acidosis can affect that function of the brain  
2 stem?

3 A Yes.

4 Q So, if it gets bad that part of the brain stem doesn't  
5 work, your heart just doesn't automatically beat  
6 anymore; right?

7 A Right.

8 Q And if it's affected you don't just automatically  
9 breathe anymore; right?

10 MR. GROSS: Object to form.

11 A Yes.

12 Q So, as I understand it, you tell me if this is right, if  
13 you agree with this: If acidosis gets too high and the  
14 brain stem gets affected it can indirectly cause death  
15 because either your breathing stops or your heart stops?

16 A Yes.

17 Q Okay. Now, you used the term called hypercarbia. What  
18 does that mean?

19 A Well, part, part of the way you get rid of acid is  
20 you're blowing off carbon dioxide. It's part of, part  
21 of the breathing pro-- respiratory process for animals.  
22 So, if you're not breathing either at a high enough rate  
23 or volume, then you retain too much carbon dioxide into  
24 the blood stream, and that shifts the acid-based balance  
25 and becomes more acidic. So, when you mentioned



1 acid and we're using the buffering system, the Co<sub>2</sub>  
2 buffering system and the respiratory system to then  
3 adjust to that increased acid in the blood. So, you  
4 would increase your respiratory rate to blow off the  
5 acid.

6 Q Okay. But the increase in lactic acid comes from  
7 increase in carbon dioxide; correct?

8 A No, it comes from the increased anaerobic work inside  
9 the muscles.

10 Q Okay. Is it related to the an increase in carbon  
11 dioxide?

12 A No.

13 Q No?

14 A It's, it's a way cellular respiration takes place. It  
15 can occur aerobically and anaerobically. And when you  
16 exceed the ability of the cells to pull oxygen from the  
17 environment, then it shifts to an anaerobic metabolic  
18 pathway. And then you start pro-- The biproduct of that  
19 ancient kind of in the evolution scale metabolic pathway  
20 is that you start forming acidosis and your body  
21 responds to that acidosis by increasing minute  
22 ventilation to blow off that acid.

23 Q I'm badly trying to ask you questions about exercise and  
24 things like lactic acid. So, let me use a stupid  
25 example, for me. I go home, I lift weights. I pick up

1 my, my -- What do we call it? -- longer than the  
2 dumbbell thing, and I start lifting the weights. And I  
3 lift and I lift and I lift until I really can't lift  
4 anymore. Somewhere around the 40th or 50th rep' I can't  
5 do it anymore. Am I right, the more that exercise I'm  
6 doing the more I'm generating lactic acid?

7 A Yes.

8 Q Okay. And the more I generate lactic acid at some point  
9 this other mechanism kicks in to get rid of it, to lower  
10 it, is this respiratory function of blowing off; is that  
11 right?

12 A Well, not exactly. As you're -- It's a continuous  
13 process. So, as you're exercising your, your cells are  
14 using the available oxygen locally to use the aerobic  
15 metabolic pathway to use energy in the cells. As you're  
16 exercising and depending upon the rate of exercise you  
17 exceed the capacity of those cells. You exceed the  
18 capacity of the oxygen locally in the environment for  
19 those cells to use, so the cells convert to an anaerobic  
20 metabolic pathway, which is sort of an ancient before  
21 they evolved to aerobic, it's kind of a backup system  
22 pathway, because the negative of it is it's inefficient  
23 and produces lactic acid which then increases the acid  
24 in the body. And as your body responds to that  
25 increased acid starts using several buffering

1 mechanisms, the quickest of which is to start breathing  
2 faster or having increased volume of ventilation so you  
3 can blow off CO<sub>2</sub> which has the effect -- because that's  
4 the buffering system -- to lower the acid. So, that's  
5 how the body maintains a -- tries to maintain a normal  
6 pH in the context of exercising.

7 Q Okay. Maybe it would help if we -- if I go now to the  
8 general situation of where a police officer is  
9 struggling with somebody to put handcuffs on them. The  
10 more the person struggles and the longer the person  
11 struggles and fights with the police officer, what's the  
12 effect on these systems for these, these ways aerobic  
13 and anaerobic that the body has for dealing with the  
14 problem?

15 A It's just the same as when you're exerting yourself  
16 heavily, you can't continue to use the aerobic pathway,  
17 you have to convert to the inefficient anaerobic pathway  
18 and you form lactic acidosis and you have to use the CO<sub>2</sub>  
19 buffering system to drop the lac-- to drop the acidosis.  
20 Oh, I'm sorry. "Correct the acidosis." I shouldn't say  
21 "drop" because that's confusing.

22 Q So, what's happening is the longer it goes on the  
23 further and further it sort of -- I don't know if the  
24 word is "behind," but the respiratory way of blowing it  
25 off doesn't work anymore, it doesn't keep up? Is that a

1 fair way of saying?

2 A For sure there's a point at which -- There's certain  
3 capacities for everything; right? And you can exceed  
4 that capacity and eventually not be able to keep your  
5 C-- your pH balance. That occurs in lots of different  
6 things.

7 Q Okay. And then from the -- And it can happen, anyway,  
8 that higher and higher -- Well, actually, it's lower and  
9 lower the pH gets -- right -- the higher and higher acid  
10 gets, you can eventually die of that?

11 A Yes.

12 Q Because both -- Normally first the breathing stops?

13 A Well, I don't, I don't know that that's known, but  
14 that's a contributor, is that the respiratory muscles in  
15 the environment where acidosis can get weaker. And if  
16 you're using that as one of your primary means to blow  
17 off acid you could start to go into, you know, sort of a  
18 -- You know, you can't keep up. You get more acidotic.  
19 It makes the respiratory muscles weaker, which means you  
20 can't keep up, which means they get weaker. So, you can  
21 kind of get into a spin.

22 Q That was my next question. I was going to ask you to  
23 explain what you meant by downward spiral. And I, I  
24 think you sort of just did. But can you explain why the  
25 situation gets worse and worse and worse as a person

1 keeps resisting?

2 A Well, because it -- because if you -- As, as you become  
3 more acidotic and you're using this, what we, you know,  
4 consider the immediate buffering system, the breathing  
5 system -- There's obviously kidneys filtering systems  
6 and other things that occur later. But the more you're  
7 using that, there's -- the muscle the faster -- the  
8 respiratory muscles get tired themselves, just like any  
9 muscle. And the more that these muscles are in this  
10 kind of skew or milieu of acidosis that negatively  
11 impacts their contractility. And so, but they are not  
12 only getting tired, but now they can't contract as  
13 efficiently, which means you can't keep up, which means  
14 you get more acidic. If you get more acidic and you  
15 continue to fight they get tired, they get less  
16 contractility and eventually go to respiratory failure.  
17 We see that in diabetic ketoacidosis. That's a pretty  
18 common pathway to death.

19 Q When you say respiratory muscles are you referring to  
20 the diagram?

21 A Diaphragm controls most of it. I can't remember, 60,  
22 70, somewhere percent of it. But you have also, you  
23 know, intercostal muscles; you have, scalenes. You have  
24 all kind of muscles of the thorax that help your  
25 breathing as well.

1       aware of the fact that there was a moment when  
2       apparently Mr. Dold lost control of his bowels and  
3       evacuated his bowel?

4   A   I don't, I don't specifically remember that. But that  
5       -- Yeah, I don't specifically remember reading that.

6   Q   Does that surprise you?

7   A   No, that happens often at -- you know, a lot of people  
8       that occurs when someone dies. It can happen when  
9       someone dies. We see that in the emergency department  
10      with cardiac arrest.

11   Q   Isn't that because the autonomic system that maintains  
12      muscle tension in the bowel is suddenly gone and nothing  
13      is keeping it in?

14   A   Yeah, I think that makes sense. I'm not -- Again,  
15      that's kind of pushing my -- I haven't really given much  
16      thought to that, the rationale for it.

17   Q   Okay. In what you read did you not read that it was  
18      first detected by police officers that he seemed to stop  
19      breathing and second it was detected that he didn't seem  
20      to have a pulse?

21   A   I just -- Yeah, I just don't remember that. I -- From  
22      the purpose of my analysis of the case that didn't  
23      matter.

24   Q   Okay. There's some comments in your report about the  
25      general situation of a police officer fighting with the

1       subject to restrain him, and you say, "The subject  
2       usually fights attempts to restrain him." And my  
3       question is, you certainly saw the effect of that in  
4       this case; correct?

5   A   Correct.

6   Q   Okay. And you said in your report that, "This kind of  
7       fighting leads to a metabolic tailspin;" correct?

8   A   It can, yes.

9   Q   Well, in this case was it not your opinion that it did?

10  A   Yes.

11  Q   Okay. And then you describe -- You said that this -- I  
12       don't know if the word was "create" -- but "causes or  
13       creates a significant challenge in policing." Do you  
14       remember that, what you were discussing there?

15  A   Yes.

16  Q   Or -- Okay. And let me ask you if my understanding of  
17       it is correct. The challenge is that there's a conflict  
18       between what the police have to do and what kinds of  
19       things exacerbate the metabolic tailspin.

20  A   Correct.

21  Q   And you're saying if the police have to restrain him  
22       he's gonna fight more, he's going fight more, that's  
23       gonna increase the metabolic tailspin; correct?

24  A   Right. Yeah, well, in a general sense the more someone  
25       fights the more they're going to get more metabolic

1 A Or a respiratory arrest.

2 Q Well, eventually he also had a cardiac arrest no matter  
3 what; right?

4 A Eventually his heart stopped.

5 Q Okay. Why, why in your opinion did his heart eventually  
6 stop?

7 A I'm not opining on the cause of death in this case.

8 Q Okay. Somewhere in your report do you recall  
9 calculating that he was fighting strenuously for about  
10 twelve minutes?

11 A Yes, I agreed with your Medical Examiner expert who  
12 concluded the same.

13 Q Tell me if you agree with this statement: "If he had  
14 not been in a strenuous physical fight, there had not  
15 been any fight at all physically for twelve minutes, he  
16 would not have died."

17 A Sorry. Can you say it again? I'm not trying to be  
18 obtuse here.

19 Q If he hadn't been in a fight for twelve minutes, if he  
20 hadn't been in a strenuous physical fight, if he hadn't  
21 been in any physical fight at all, he wouldn't have  
22 died?

23 MR. GROSS: Object to form.

24 A Again, I'm try-- My struggle is I'm not going to opine  
25 on the cause of death but I... So, I'm trying -- I



1       would -- Sorry. I'm trying to -- Can you ask it again?  
2       I'm not being obtuse. I want to be sure I'm answering  
3       the question. I don't want to opine on something that  
4       I'm not prepared to opine on. But I don't want to be  
5       intentionally evasive. I want to be sure I provide a  
6       reasonable answer.

7   Q   Well, maybe this will help you. Let's go back one step.  
8       Why don't you assume that the officers never went to the  
9       house, never contacted Mr. Dold and so there was never  
10      any confrontation between the police and Alexander Dold  
11      at all. If nobody went to the house that night, you  
12      agree with me, do you not, that he would not have died?

13   A   I would say that's probably the case.

14   Q   Okay. Now, let's assume that they went to the house,  
15      these officers went to the house, but there was never  
16      any physical fight. Let's assume that they said, "We'd  
17      like to take you to the mental hospital in the next  
18      town," and they did and there was never any physical  
19      fight. You assume that he probably wouldn't have died;  
20      right?

21   A   I would agree with that.

22               (Comments off the record.)

23               (Recess in proceedings 11:57 a.m. to 12:30 p.m.)

24   Q   Dr. Dawes, at one point in your life were you  
25      considering a career in law enforcement?

1       conducted electrical weapon. Am I correct you disagree  
2       with the opinion of the Medical Examiner on that point?

3     A    I do disagree with him, and I think this harkens back to  
4       the laziness issue where they don't make any attempt to  
5       hone down on the physiology in the case.

6     Q    Okay.

7     A    I think this is what I described as some of the laziness  
8       diagnosis before. This is where they just kind of throw  
9       everything into the soup and don't make any attempt to  
10      separate out things and can't give weight or attribute  
11      real contribution to. So, this is seen unfortunately a  
12      lot. This is seen unfortunately as just kind of the  
13      all-encompassing catch phrase that Medical Examiners  
14      often use.

15    Q    So, you don't agree that use of conducted electrical  
16      weapon was a contributory condition; correct?

17    A    Correct.

18    Q    Okay. Now, he also says that schizophrenia was a  
19      significant condition contributory to death; do you  
20      agree with him?

21    A    I don't have an opinion on it.

22    Q    One way or the other?

23    A    One way or the other.

24    Q    He also said that the physical altercations between the  
25      law enforcement officer was a contributory condition,

1           significant contributory condition. Do you agree with  
2           him on that?

3    A    I do.

4    Q    Okay. So, explain to me why you think the physical  
5           altercation was a contributory condition.

6    A    Well, because the physical altercation assuredly at that  
7           level for that duration led to metabolic acidosis.

8    Q    And when you say "physical altercation," when you say  
9           that that contributed, what are you including in the  
10          term "physical altercation"?

11   A    That basically is the struggle, his, his fighting  
12          exertion that he's going through. So, I don't know that  
13          that would necessarily include, like, getting punched in  
14          the -- being punched somewhere in the body. It's more  
15          talking about the exertion that he's incurring.

16   Q    Okay. But you don't think that that includes uses of  
17          the weapon, the taser?

18   A    I don't -- I think if you take this case and you take  
19          out the taser, he dies anyway. If you take out  
20          everything, the exertion, the struggle and leave the  
21          taser, he doesn't die. That is my opinion.

22   Q    You take out the taser, do you think there might have  
23          been less struggle?

24   A    No.

25   Q    No? How do you know that?

# APPENDIX D

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UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE

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JENNIFER DOLD, personal	)	
representative of the estate	)	
of Alexander Dold; and	)	
KATHY DUNCAN,	)	
	)	
Plaintiffs,	)	
	)	
vs.	)	NO. 2-20-cv-00383-RAJ
	)	
SNOHOMISH COUNTY, a political	)	
subdivision of the State of	)	
Washington; BRYSON McGEE; and	)	
CODY McCOY,	)	
	)	
Defendants.	)	

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REMOTE VIDEO RECORDED DEPOSITION UPON ORAL EXAMINATION OF  
THEODORE C. CHAN, MD

---

WEDNESDAY, FEBRUARY 16, 2022  
DEHUFFDEPO.COM

1 records, I think he had an enlarged heart which put him  
2 at risk for a sudden cardiac arrest, cardiac  
3 dysrhythmia, and I think his most likely cause of death  
4 was, in fact, that, the sudden cardiac arrest.

5 Q Well, then is that another opinion that you're gonna  
6 offer in this case, that you think Alexander Dold died  
7 because his enlarged heart was subjected to cardiac  
8 arrest and that's why he died?

9 MR. JOLLEY: Object to the form.

10 A Well, what I would say is that I, I agree with the  
11 Coroner's opinion as to the cause of death.

12 Q Well, the Coroner said that was only one cause of death;  
13 right?

14 MR. JOLLEY: Object to the form.

15 A Well, I think -- I mean, we can take a look at it. I  
16 think, you know, he mentions a number of factors. And  
17 whether they're contributory or the cause, I think, you  
18 know, we can take -- we can dissect that if you'd like.  
19 But I agreed with the Coroner's finding or cause of  
20 death.

21 Q Including his finding that his struggle with the police  
22 was a significant contributory cause?

23 MR. JOLLEY: Object to the form.

24 A So, any time you're in a physical struggle that can  
25 increase your endogenous catecholamine production, and

# APPENDIX E

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UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE

---

JENNIFER DOLD, personal	)	
representative of the	)	
estate of Alexander Dold;	)	
and KATHY DUNCAN, mother	)	
of Alexander Dold,	)	No. 2:20-cv-00383-RAJ
	)	
Plaintiffs,	)	
	)	
vs.	)	
	)	
SNOHOMISH COUNTY, a	)	
political subdivision of	)	
the State of Washington;	)	
BRYSON MCGEE; and CODY	)	
MCCOY,	)	
	)	
Defendants.	)	

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VIDEOTAPED DEPOSITION UPON ORAL EXAMINATION OF  
STANLEY D. ADAMS, M.D.

---

WEDNESDAY, FEBRUARY 23, 2022  
REMOTELY VIA ZOOM  
DEHUFFDEPO.COM



1       Somebody might have deleted the rest of that sentence  
2       or I might not have finished it, you know.  There's  
3       no way to go back to that.

4   Q   What about the final section, Opinion?  Is that  
5       something you started drafting?

6   A   I would have written the preliminary opinion, but  
7       this one has been all changed around.

8       Normally, I would start out -- well, first of  
9       all, my scene investigations, which he has up in the  
10      front of this report, are normally my very last  
11      page of my autopsy report.  So, you know, if it was a  
12      ten-page autopsy report, they would be page 10.  So  
13      he moved these all the way up to the front of the  
14      report.

15      And then the opinion would be on its own page.  
16      And I would start out with the paragraph -- this is  
17      Bates 739.  I would start out with:  "This  
18      29-year-old Caucasian male."  That would be my first  
19      sentence.  And then the postmortem examination would  
20      be the second paragraph.

21      And then the thing that he changed was, in  
22      particular, was the manner of death.  And that's -- I  
23      have a -- I have a little bit of heartburn with that  
24      because he took my correct answer and he changed it  
25      to an incorrect answer.  He put "accident" and this

1 is a homicide.

2 Q Why do you say it's a homicide?

3 A Because when one human being does an action or  
4 neglects to do an action that caused the death of  
5 another, it really doesn't matter about the intent,  
6 you know.

7 You know, if somebody aims a gun at somebody  
8 and it accidentally goes off, it's not an accident;  
9 it's a homicide. Is it a murder? Not necessarily.  
10 Sometimes things are justifiable homicides. The  
11 combat deaths I used to do in the military, those  
12 were all homicides.

13 If you go to any major medical examiner office  
14 in the United States, anywhere, I guaranty you they  
15 would call this a homicide and not an accident. A  
16 beginning medical student might accidentally call  
17 this an accident, but that's not a -- that's not a  
18 mistake I would expect of a practicing medical  
19 examiner. So this is not an accident. It's a  
20 homicide.

21 Q I am assuming -- tell me if I'm right -- that you are  
22 very familiar with the legal definition of  
23 manslaughter; is that right?

24 A I'm familiar with the legal definitions of  
25 manslaughter and first degree. You know, I don't use

1 not be material in a person's death, but then when  
2 you go and examine them and they have an enlarged  
3 heart, and with thickening of the left ventricle,  
4 that is well known to cause sudden cardiac death.  
5 Those people kind of are living on borrowed time.

6 And so in someone like him, even if he got into  
7 a struggle, you know, just the physical altercation  
8 could push a heart like that into an arrhythmia,  
9 because what happens during a struggle is your system  
10 is getting flooded with hormones like adrenaline, and  
11 the adrenaline can make the heart more susceptible,  
12 you know, to that, that type of electrical  
13 abnormality.

14 So just the fight with the deputies could have  
15 caused his existing heart disease to manifest as a  
16 sudden cardiac death.

17 Q And isn't that what you concluded was his, at least,  
18 primary cause of death?

19 A Well, I -- yeah, I -- you know, to put -- to complete  
20 this death certificate properly, it would be remiss  
21 of me -- and I didn't do it, but I would also put the  
22 conducted electrical. I would put there is a history  
23 of use of conducted electrical weapon because I know  
24 that to be a fact, you know, but I don't -- and it  
25 would be kind of remiss not to mention it at all in

# APPENDIX F

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE

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JENNIFER DOLD, personal	)	
representative of the	)	
estate of Alexander Dold;	)	
and KATHY DUNCAN, mother	)	
of Alexander Dold,	)	No. 2:20-cv-00383-RAJ
	)	
Plaintiffs,	)	
	)	
vs.	)	
	)	
SNOHOMISH COUNTY, a	)	
political subdivision of	)	
the State of Washington;	)	
BRYSON MCGEE; and CODY	)	
MCCOY,	)	
	)	
Defendants.	)	

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VIDEOTAPED DEPOSITION UPON ORAL EXAMINATION OF  
KRIS SPERRY, M.D.

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9:02 a.m. - 12:45 p.m.

Wednesday, January 19, 2022

Remote Video Teleconference

REPORTED BY:  
JOLENE C. HANCA, RPR, CCR 2741

1           Q.       Assuming that's true, if Deputy McCoy was  
2 actually on Mr. Dold's legs, it would be fair to say it  
3 would be impossible for him to actually contribute to  
4 causing Mr. Dold's asphyxia; correct?

5           A.       Yes. Based on how you asked the question, then  
6 yes, that would -- being on Mr. Dold's legs alone would  
7 not contribute to asphyxia.

8           Q.       How much weight would be needed on Mr. Dold's  
9 torso for that to be a contributing factor in causing  
10 asphyxia that led to his death?

11          A.       Sure. That's a harder question to answer only  
12 because -- well, not only because, but, first of all,  
13 Mr. Dold is on the stairs, and it's not a -- you know,  
14 it's not a flat surface. He's on the stairs, and so it's  
15 irregular, and weight on his back will be distributed in  
16 a very -- in a different way depending on where his body  
17 is laying on the stairs.

18                 And, secondly, this -- of course, these are  
19 experiments that can't ever be performed on human beings,  
20 you know, to reach, to see how they can reach their  
21 limits as far as tolerating weight.

22                 And, thirdly, Mr. Dold certainly had been in a  
23 fairly extensive physical struggle since the point where  
24 the officers came into the house, some approximately  
25 what, ten minutes or so earlier, something like that,

1 eight to ten minutes.

2 And so with all, with all of that, I mean being  
3 in the struggle would produce an oxygen debt and CO2  
4 retention and some acidosis. So he would be more  
5 sensitized to asphyxia than someone who had not undergone  
6 all that physical stress.

7 So having said all that, I don't know that  
8 that's really an answerable question, because this is --  
9 well, with the element of the stairs being under  
10 Mr. Dold's body, that's a very different physical  
11 substrate than what is present in most situations where  
12 the weight of officers causes compression asphyxia.

13 Q. Assume for purposes of this question that  
14 Deputy McCoy is on Mr. Dold's legs and Deputy McGee is on  
15 the side of his body while Officer Block is pressing down  
16 on the back of his head with the flashlight.

17 Would Deputy McCoy and Deputy McGee's actions,  
18 where they're not on Mr. Dold's torso, actually  
19 contribute to asphyxia as Deputy, or Officer Block is  
20 pressing down on the back of Mr. Dold's head?

21 A. With that assumption, then no. Weight, that  
22 is, weight on Mr. Dold's chest, on his back, really would  
23 not be a contributing factor.

24 Now, just to really kind of complete that out,  
25 and I know that's a hypothetical question, I understand

1 then he wouldn't have effects of a discharge.

2 And, I mean, so that's -- that's really what it  
3 is. That's what I'm trying to say here, that the  
4 descriptions that were given by the officers that the  
5 Tasers had little to no effect probably related to  
6 incomplete penetration of one dart or another into the  
7 skin, thus again, as I've been trying to say, completing  
8 the circuit and allowing the discharge to go into his  
9 body.

10 Q. Is it your opinion that the Taser applications  
11 played any role in Mr. Dold ultimately dying of, I think  
12 your opinion is, of asphyxia?

13 A. Okay. I don't think that the Taser  
14 discharge -- you know, any electrical can -- any  
15 electrically conducted current that may have gone into  
16 his body, that would not have caused, say, you know, any  
17 heart damage or anything that was deleterious to his body  
18 that is somehow cumulative or in some way that would  
19 result in his death from the Taser discharge.

20 The only thing that really the Taser would do,  
21 again assuming, excuse me, that he actually did have the  
22 effects of the Taser discharge current in his body, would  
23 increase his oxygen utilization and enhance the acidosis,  
24 that all of which is being produced by the intense  
25 struggle that is going on between Mr. Dold and the



1 officers.

2 So the Taser, really except in vanishingly rare  
3 cases, doesn't directly cause someone's death, nor result  
4 in any tissue damage or heart damage that contributes to  
5 the death, but, as I said, the only real effect is if it  
6 is the -- is on the underlying physiology, if there are  
7 cumulative discharges.

8 Does that make sense to you?

9 Q. Yes. And the cumulative effect of the  
10 discharges would be that that would contribute to stress  
11 that ultimately creates acidosis?

12 A. Basically, yes. Yeah, I mean increased  
13 adrenalin production that, of course, is involuntary, and  
14 then, you know, as I said, oxygen utilization and  
15 impairment of exhaling enough carbon dioxide such that  
16 the blood pH becomes more and more acidotic and then, you  
17 know, can reach critical, critical point, critical levels  
18 if indeed everything is all continued.

19 Q. Just based on what you saw from the autopsy, is  
20 it your opinion that the Tasers, or Taser applications  
21 contributed in any way to Mr. Dold's death?

22 A. Well, the problem is, and this is one of the  
23 difficulties about these deaths, the fact that the Taser  
24 was used and there were apparently multiple attempts at  
25 applying the Taser current, I can't tell you that the

1 patterned abrasions and contusions on the left side of  
2 his head, along with Officer Block's statements that he  
3 used his flashlight to push against Mr. Dold's head, and  
4 that I think it was inevitable that Mr. Dold's head was  
5 pushed up against the underlying stairway.

6 And then the -- well, the overall effects of  
7 the struggle, we've talked about, about that, I think,  
8 but that ultimately Mr. Dold was in an oxygen deficit and  
9 had an excess of carbon dioxide and was acidotic --  
10 excuse me -- and that this would render him much more  
11 sensitive to a sudden death with any type of asphyxia  
12 that his body sustained.

13 Q. What is the evidence from the autopsy that  
14 tells you that Mr. Dold was acidotic?

15 A. Well, there, there isn't anything from the  
16 autopsy. You can't tell -- we can't tell acidosis at an  
17 autopsy examination. But it's the -- well, the nature of  
18 human physiology and the struggle, the physical struggle  
19 that Mr. Dold had been in that was very intense with  
20 other officers, and it's -- that is some fairly basic  
21 physiology.

22 Q. Would that same acidosis be a contributing  
23 factor if Mr. Dold died of a cardiac arrhythmia rather  
24 than asphyxia?

25 A. I'm not -- I don't quite understand your

1 combined weight that caused compressional asphyxia is a  
2 conclusion you are reaching based on the physical  
3 evidence that you saw in the autopsy; is that right?

4 MR. LOBSENZ: Objection; argumentative,  
5 repetitive. Objection as to form. Go ahead.

6 A. All right. I mean, I think that's, that's a  
7 reasonably fair assimilation of what I have been trying  
8 to say, and that the -- I mean, the weight of one officer  
9 alone should not be enough to cause an adult male of  
10 Mr. Dold's size to have compression, to have chest  
11 compression, but it would require more weight than just  
12 one officer.

13 And both officers were working to try to get  
14 him handcuffed and yet hold his body still while they  
15 were doing that. And, of course, Mr. Dold was struggling  
16 during the course of this, making it more difficult.

17 BY MR. GROSS:

18 Q. And can you state again what the relationship  
19 is between acidosis and Mr. Dold's death?

20 A. Okay. Well, it's the element of an intense  
21 struggle of any sort. I mean, I don't -- I'm not a  
22 runner. If you're a runner, you go out and run, if you  
23 check your blood pH and lactic acid level when you  
24 finish, you'll find that you are slightly acidotic and  
25 your lactic acid is elevated, because that's the normal

1 physiology, but people who are adapted to that recover  
2 just fine and certainly don't have any problems, but with  
3 a very intense struggle like this, with Mr. Dold and the  
4 two officers, this is going to generate lactic acid and  
5 generate, well, reduce in -- excuse me, result in an  
6 oxygen debt and an accumulation of carbon dioxide in the  
7 blood, and that produces acidosis.

8 In fact, we talked about this a couple hours  
9 ago with the Taser discharges. Tasers are painful, and  
10 pain produces adrenalin, which then accentuates the  
11 production of lactic acid and enhances the oxygen debt  
12 that is present.

13 So you don't kill someone directly with a  
14 Taser, but factored into everything else, the acidosis  
15 increases. So -- excuse me -- ultimately there is a  
16 breaking point that is reached that will cause sudden  
17 death just from the restraint and the intense physical  
18 action, as well as the Taser application, all combined  
19 together, without asphyxia.

20 Now, when some type of asphyxial mechanism, say  
21 compression of the neck is factored in, an individual  
22 such as Mr. Dold is much more sensitive to interruptions  
23 in blood flow going to the brain, and a sudden cardiac  
24 death can result from an asphyxial mechanism that is not  
25 as intense, or not as severe in the absence of any

1 acidosis.

2 Q. And are you able to rule out that acidosis  
3 alone didn't kill Mr. Dold?

4 A. Well, the problem is the presence of the, of  
5 the petechial hemorrhages, the evidence of asphyxia, as  
6 well as there is also pulmonary edema from the lungs,  
7 which is another element that is associated with -- at  
8 least found in asphyxial mechanisms, such as what  
9 Mr. Dold has, other evidence that we've been describing  
10 over and over again.

11 So I would say, because of the totality of what  
12 Mr. Dold underwent, I think it's inevitable that he had  
13 some acidosis going on, but the finding of petechiae, the  
14 pulmonary edema, those are the markers of asphyxia.

15 And we know that he had a lateral vascular neck  
16 restraint. We know certainly his head was pushed  
17 downward against the stairs with really pressure against  
18 his neck, and some degree, some element of force was  
19 applied to his back.

20 Everything all combined result in oxygen  
21 deprivation and carbon dioxide accumulation, which  
22 enhances the acidosis.

23 So I'm sorry to give you a long dissertation,  
24 but your questions are deceptively simple.

25 Q. Are you able to tease out what effect acidosis

1 THE VIDEOGRAPHER: Apologies.

2 MR. LOBSENZ: That's all right.

3 EXAMINATION

4 BY MR. LOBSENZ:

5 Q. Dr. Sperry, you said that pulmonary edema is a  
6 typical marker of acidosis.

7 Could you explain why?

8 A. You mean of acidosis or asphyxia? Well, or  
9 both? Okay. I mean, it could occur --

10 Q. Let's start with acidosis first.

11 A. Okay. I mean, it could be seen in acidosis as  
12 the consequence of progressive heart failure, you know,  
13 weakening of the heart, the weakening of the pumping  
14 ability of the heart over the course of time, and thus --  
15 because the acidosis affects the heart, and thus, as the  
16 heart pumping ability weakens, then blood essentially  
17 backs up into the lungs -- there's a pressure gradient --  
18 and edema fluid leaks out from the billions of  
19 capillaries in the lungs into the air sacs, and that's  
20 pulmonary edema related to acidosis alone.

21 Q. And before we get to the other part of it,  
22 would you just explain why acidosis weakens the heart?

23 A. Well, sure. All of our body organs function  
24 within a very narrow range of the acid-based balance. I  
25 mean, that's what we're talking about.

1           The acidosis means that there is more acid  
2 chemicals in the blood than base chemicals. And so  
3 the -- you know, the blood, if you measure the pH or the  
4 balance of the acid in the base in the blood, the  
5 abnormality causes the pH to become more acid.

6           And because all of our organs, especially the  
7 heart being an electrical organ -- it functions on  
8 electricity in a very narrow blood pH -- when the blood  
9 becomes more acidotic, this disrupts the ability at a  
10 cellular level of the heart muscle fibers to contract and  
11 do their job normally. So the heart muscle starts to  
12 weaken and lose its ability to pump effectively because  
13 the chemical nature of the blood that is nourishing the  
14 heart changes more towards the acid side.

15           Does that make sense?

16       Q.     Yes.

17       A.     Okay.

18       Q.     When you say --

19       A.     It's complicated, and I can try, you know, to  
20 make it more easier, but that's -- well, I tried, but I  
21 could do better.

22       Q.     That should be all of our mottos, but.

23       A.     I'm going to have to write that down. I may  
24 use that again.

25       Q.     But let's go back to what you said about it

1 changes the -- I think you said something about it  
2 changes the chemical something of the blood.

3 A. Well, the -- okay.

4 Q. Let me ask the question. Okay?

5 A. Sure. Yeah, I'm waiting for it.

6 Q. As the blood becomes more acidotic, does this  
7 chemical change of the nature of the blood and the  
8 acidity of the blood have any effect on the level of  
9 carbon dioxide in the blood?

10 A. Okay. The level of carbon dioxide actually  
11 increases with someone who is at an intense struggle.  
12 They are not able to breathe in as much oxygen as they  
13 really need.

14 That's why I was using the term oxygen debt.  
15 In other words, their reserve of the oxygen is depleted,  
16 and when that happens, the ability to blow off or breathe  
17 out carbon dioxide that accumulates in our blood is also  
18 impaired.

19 As the carbon dioxide accumulates in the blood,  
20 this shifts the chemical consistency of the blood more  
21 towards acid, and that's where the -- that's where  
22 acidosis comes from.

23 So yes, it is related to accumulation of carbon  
24 dioxide and the inability to exhale or blow it off  
25 sufficiently to prevent the heart muscles from



1 functioning poorly, from weakening.

2 Q. Does the increase in carbon dioxide level in  
3 the blood have any effect on the brain?

4 A. Oh, yes. Yeah, it produces -- oh, I'm sorry.

5 Q. Go ahead.

6 A. Okay. Yes, the carbon dioxide is actually very  
7 toxic to brain cells, and it -- there is an entity  
8 actually called carbon dioxide narcosis, where as the  
9 carbon dioxide in the blood accumulates, it actually  
10 poisons the brain cells and will cause them to die very  
11 rapidly, yes.

12 Q. How rapidly?

13 A. Over the course of seconds. I mean, this could  
14 progress very rapidly.

15 Q. And does that include the brain cells that  
16 govern the autonomic nervous system?

17 A. Yes.

18 Q. So as carbon dioxide increases and destroys  
19 brain cells in the autonomic nervous system, does that  
20 have an effect on the heart?

21 A. Yes, it does. The autonomic nervous system  
22 controls the beating of the heart. It initiates the  
23 electrical impulse that travels down to the heart and  
24 goes through the heart, causing the heart to pump and  
25 beat, and the carbon dioxide accumulation affecting the

1     autonomic nervous system then affects the ability of that  
2     part of the nervous system to effectively cause the heart  
3     to beat.

4           Q.     And what about the effect, if any, of carbon  
5     dioxide on the brain cells in the autonomic nervous  
6     system that control breathing?

7           A.     It's the same thing, that the breathing is  
8     affected -- well, breathing is controlled also by the  
9     autonomic nervous system, meaning that we, we as human  
10    beings, cannot like make ourselves stop breathing  
11    completely, but the accumulation of carbon dioxide  
12    poisons those brain cells as well and thus damages the  
13    brain's ability to make the human being breathe  
14    adequately. It poisons that part. It poisons  
15    everything.

16          Q.     Now, a couple of questions back you used both  
17    the phrase edema as a marker of acidosis and edema as a  
18    marker of -- I forget whether you said asphyxia, I think.

19          A.     Yes.

20          Q.     Would you explain why edema is a typical marker  
21    of asphyxia?

22          A.     Yes. Asphyxia, I mean, the little translation  
23    from the Greek, Greek means without oxygen, or without  
24    breathing literally, and with -- when someone is not  
25    breathing or not getting enough oxygen into their body,

1 this is toxic.

2 It actually relates back to what you and I were  
3 just, or at least I was chatting about a few minutes ago  
4 regarding the accumulation of carbon dioxide. If someone  
5 is not breathing for whatever reason, or their ability to  
6 breathe is impaired, or the ability of the blood to get  
7 oxygen is impaired, carbon dioxide rises and this is what  
8 damages the heart, just as we -- like we were talking  
9 about a minute ago.

10 The endpoint of the production of acid --  
11 excuse me -- in the blood is really the same for asphyxia  
12 as it is for just chemical acidosis.

13 In other words, if you are not breathing and  
14 you are not getting oxygen in your body, you are not  
15 getting rid of all the carbon dioxide that you have to  
16 get rid of, that then becomes toxic to the heart and  
17 weaken, weakens the heart, causing its function to  
18 gradually get weaker and weaker, and the blood backs up  
19 into the lungs, and the lung -- at a microscopic level,  
20 the lung cell, the lung tissues, excuse me, get leaky and  
21 fluid leaks out into the air spaces, and that is  
22 pulmonary edema, fluid in the air sacs because of a  
23 failing heart.

24 Q. Among the materials that you reviewed, did you  
25 review a transcript of an interview of Mr. Dold's mother,

1 Kathy Duncan?

2 A. Yes, I did.

3 Q. Within -- during your review of that, did you  
4 find anything to corroborate the notion that there was  
5 pulmonary edema?

6 A. Yes. She saw that there was a foam in his  
7 mouth, that he was -- he appeared to be -- have foaming  
8 that was, you know, that was in his mouth during the  
9 course of this. And that is an external manifestation of  
10 pulmonary edema. As the fluid comes up from the lungs  
11 and mixes with air, it produces foam, yes.

12 Q. The autonomic nervous system, does it also play  
13 a role in maintaining -- I don't know what the right term  
14 is -- sort of normal muscle tone and tension? Do you  
15 know what I mean?

16 A. Yes. Yeah, no, I know exactly what you mean.

17 Q. What is the right term for that?

18 A. Well, it's exactly what you said, really.  
19 Normal muscle tone is affected or controlled by the  
20 autonomic nervous system.

21 In other words, if there is a derangement and  
22 the autonomic nervous system is not working right, the  
23 skeletal muscles get soft and flabby. They don't work  
24 right. They become weak and, you know, will not, will  
25 not function.

1           Q.     And isn't -- is that true of all muscles, like,  
2     for example, facial muscles?

3           A.     It is, yes, you know, to varying degrees. Most  
4     of the voluntary muscles are not. I mean, we can -- we  
5     can control those unless the autonomic nervous system  
6     that empowers the muscles, you know, at rest, unless that  
7     is damaged or not working right. Then the face may  
8     appear to go slack and the person can, you know, become  
9     abnormally weak and not able to physically do, physically  
10    do what they could normally.

11          Q.     What about the bowel muscles, the muscles that  
12    control whether or not you do or don't defecate?

13          A.     Oh, yeah, that's a very good one. The  
14    autonomic nervous system controls involuntary defecation.  
15    I mean, it's a very complex relationship, because we all,  
16    every human being, normally has bowel movements, but you  
17    have to have the autonomic nervous system intact in order  
18    for that to work, and if there is a dysfunction, if the  
19    autonomic nervous system is not working correctly, this  
20    can result in involuntary defecation.

21          Q.     So let's go in the reverse order now. Instead  
22    of going from the brain to the bowel for a moment,  
23    assume, hypothetically, that -- you may have read this,  
24    but assume, hypothetically, that at some point while they  
25    were struggling Mr. Dold's body released all of the fecal

1 matter and he defecated and much of it got on Deputy  
2 McCoy.

3 A. Yes. I remember that.

4 Q. What, if anything, does that signify to you  
5 about what was going on with the autonomic nervous  
6 system?

7 A. No, I understand. That indicates to me that he  
8 was already, at that point in time, suffering from, you  
9 know, increased carbon dioxide retention and poisoning,  
10 you know, acidosis development, and the toxic effects  
11 then that those chemicals have on the autonomic nervous  
12 system. And so involuntary defecation is a marker of a  
13 damaged or a poisoned autonomic nervous system.

14 Q. Is involuntary defecation a marker of brain  
15 death?

16 A. It can be, yes. And certainly asphyxia.  
17 That's -- I won't say oddly, but it's an element that in  
18 the -- in looking at victims of strangulation, actually,  
19 involuntary defecation is found somewhere between a third  
20 and a half of all individuals who are strangled and who  
21 survive and actually may not even remember the  
22 strangulation because of the damaged brain cells that  
23 occur from lack of oxygen, but the defecation is a marker  
24 of the nervous system not functioning right and then  
25 there's involuntary defecation.

# APPENDIX G

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4  
5 UNITED STATES DISTRICT COURT  
6 WESTERN DISTRICT OF WASHINGTON AT SEATTLE  
7

8 JENNIFER DOLD, personal )  
9 representative of the )  
estate of Alexander Dold; )  
10 and KATHY DUNCAN, mother ) No. 2:20-cv-00383-RAJ  
of Alexander Dold, )  
11 )  
Plaintiffs, )  
12 )  
vs. )  
13 )  
SNOHOMISH COUNTY, a )  
14 political subdivision of )  
the State of Washington; )  
15 BRYSON MCGEE; and CODY )  
MCCOY, )  
16 )  
Defendants. )  
17

18  
19 VIDEOTAPED DEPOSITION UPON ORAL EXAMINATION OF  
20 CHAD DAUGHERTY  
21

22 TUESDAY, FEBRUARY 22, 2022  
23 REMOTELY VIA ZOOM  
24 DEHUFFDEPO.COM  
25



1       that it was something other than dirt?

2       A    Later on -- well, when I talked to Deputy McCoy,  
3       there was -- he had told somebody that, in his words,  
4       "The guy shit on me" or "Shit all over me."

5               And I didn't really pay any attention to that,  
6       kind of the chaos at the scene at the time. And then  
7       later on, when I had taken an ice pack to Deputy  
8       McCoy, after he had been removed from the scene to a  
9       patrol car, he had told me again pretty much the same  
10      statement.

11             And I couldn't tell if it was fecal matter or  
12      if it was dirt. I don't remember there being any  
13      smell like fecal matter, but I can't say whether it  
14      was or wasn't.

15      Q    And so McCoy said that twice; is that correct?

16      A    Yes. That's what I heard twice.

17      Q    Can you describe for me the tone of voice in which he  
18      made that remark, that "The guy shit all over me"?

19      A    It was basically a statement, just a -- kind of a  
20      disgust. Like if somebody would have, you know,  
21      gotten fecal matter all over themselves, it would be  
22      that, "I don't want it on me."

23             So it was kind of disgust. It wasn't in jest  
24      or a joke or anything like that. It was just one of  
25      those, one of those statements of disgust.

# APPENDIX H

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UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE

JENNIFER DOLD, personal )  
representative of the estate )  
of Alexander Dold; and )  
KATHY DUNCAN, )

Plaintiffs, )

vs. )

NO. 2-20-cv-00383-RAJ

SNOHOMISH COUNTY, a political )  
subdivision of the State of )  
Washington; BRYSON McGEE; and )  
CODY McCOY, )

Defendants. )

REMOTE VIDEO RECORDED DEPOSITION UPON ORAL EXAMINATION OF  
GARY VILKE, MD

WEDNESDAY, MARCH 2, 2022

DEHUFFDEPO.COM

1 hold those opinions with a confidence level of 50 de--  
2 of greater than 50 percent; correct?

3 A Correct.

4 Q In your opinion, what was the cause of Mr. Dold's death?

5 A Sudden cardiac event or sudden cardiac arrest due to  
6 exertion causing a lot of increased acidosis, lactic  
7 acid production and its effect on his abnormally  
8 enlarged hypertrophied heart causing a sudden  
9 dysrhythmia and sudden death.

10 Q So, in your opinion, one of the reasons his heart  
11 stopped was the acidosis; correct?

12 A Yes, his -- The acidosis produced by his very long,  
13 extreme exertion, yes.

14 Q And if I understand right, you were also of the opinion  
15 that he was, hmm, more vulnerable to this type of sudden  
16 cardiac arrest because he had an enlarged heart?

17 A Correct.

18 Q So, can you put it into less scientific terms if  
19 possible? Why did his heart stop?

20 A The heart itself was working very hard obviously because  
21 the exertion and the fighting and the struggle that was  
22 going on and his resistance. That created -- that is a  
23 stressor on the heart. The heart is working hard as it  
24 is, and then he had a lot of muscle activity, a lot of  
25 resistance creating this acidosis, the lactic acid

1 build-up in the blood that lowers the pH. And the lower  
2 pH and exertion is -- used the term earlier -- irritable  
3 to the heart. It can cause a sudden cardiac arrest; it  
4 can cause an irregular heartbeat. Somebody with an  
5 enlarged heart, hypertrophied tissue, is at risk to  
6 going into cardiac event without acidosis. It can  
7 happen suddenly without adding anything. But you're  
8 adding the additional exertion acidosis and prolonged  
9 struggle to this already abnormal heart and neck, at  
10 some point created the sudden cardiac arrest.

11 Q So, would you agree with this statement: It was not  
12 just a pure coincidence that his heart stopped and he  
13 died on the night of March 21st as opposed to the  
14 previous night or the night before that?

15 MR. JOLLEY: Object to the form.

16 A Yeah, it was his resistance and struggle that caused  
17 this. I don't consider that -- if you consider that a  
18 coincidence or not... That was more of an involvement.  
19 But had that happened the night before, it could have  
20 happened -- if this had happened the night before, it  
21 could have happened then, too, I guess. I'm not sure  
22 I'm following your question.

23 Q I think you are. If he'd had -- If he'd engaged in a  
24 twelve-to-fifteen-minute struggle with police the night  
25 before he might have died the night before. But he

1        didn't do that the night before, so it's not a  
2        coincidence that it happened on March 21st, the night  
3        that he did have that kind of a struggle; right?

4                MR. GROSS: Object to form.

5    A    I guess it was the struggle that led to this cascade  
6        that occurred. So, I guess that -- It's not a  
7        coincidence that that happened.

8    Q    Okay. So, you can say, can you not, with reasonable  
9        medical certainty that he would not have died on  
10       March 21st, 2017 if he had not engaged in this struggle  
11       with the police?

12               MR. GROSS: Object to the form.

13   A    I guess more, more likely than not had he not been  
14        involved in any struggle or anything going on that night  
15        -- you know, because I can't predict what would have  
16        happened had, you know, mom not called 9-1-1 at that  
17        time, maybe she would have called an hour later, two  
18        hours later. You know, that's -- Now we're getting into  
19        hypotheticals -- that his behavior was escalating. It  
20        still could have occurred on that date, but maybe a  
21        different time, but if nothing -- if he just sat down  
22        and watched T.V. the rest of the night, he probably  
23        wouldn't have died.

24   Q    That's exactly what my next hypothetical was going to  
25        be. If he had just sat there that night and watched TV

# APPENDIX I

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE

JENNIFER DOLD, personal )  
representative of the )  
estate of Alexander Dold; )  
and KATHY DUNCAN, mother )  
of Alexander Dold, )

Plaintiffs, )

vs. )

NO. 2:20-cv-00383-RAJ

SNOHOMISH COUNTY, a )  
political subdivision of )  
the State of Washington; )  
BRYSON MCGEE; and CODY )  
McCOY, )

Defendants. )

Video-Recorded Deposition Upon Oral Examination  
of  
JENNIFER DOLD

Taken Via Zoom

DATE: February 2, 2022

REPORTED BY: Lori K. Haworth, RPR  
License No.: 2958



1     **can't remember her name.**

2           Q.     So Jen, we talked about some interactions that  
3     Alex had with the police. One that we didn't talk about  
4     was, apparently Alex was -- soon after a friend was  
5     involved in a deadly application of force with law  
6     enforcement, Alex actually arrived at his house. And  
7     that was back in the 2011 time frame, if I remember  
8     correctly. Does that sound about right?

9           **A.     That sounds right.**

10          Q.     So Alex didn't have any personal interaction  
11     with police that day. But he did have some personal  
12     interaction with police after the broken car window  
13     incident that you described earlier with his friend; is  
14     that right?

15          **A.     Yes.**

16          Q.     And was he actually arrested on that occasion  
17     or was he simply brought back to -- brought home by the  
18     law enforcement officers?

19          **A.     No, he was taken in.**

20          Q.     And we talked about the altercation with Frank.  
21     But your recollection is, the police didn't actually  
22     have contact with him that night; is that correct?

23          **A.     No.    Yeah, there was no contact. There was a**  
24     **court date. And my cousin didn't go. So it was thrown**  
25     **out, I believe. I don't know the technical term.**

1 Q. And of course there were the two interactions  
2 around New Year's Eve where he went through a  
3 checkpoint. Did Alex ever talk about those interactions  
4 with police being negative or causing him to have any  
5 lingering concerns about law enforcement?

6 A. No. Those were good interactions.

7 Q. So I want to follow-up on some information that  
8 was in the interrogatories. Then you indicated that  
9 Alex had developed a strong fear for law enforcement,  
10 and I am trying to figure out what caused that and why  
11 you believe that. So can you flesh that out for us a  
12 bit.

13 A. So I believe with the Thanksgiving arrest, he  
14 did not punch the window. And he offered up the guy's  
15 name who did; told them where he lived. They didn't  
16 listen to him, threw him in the back of the car, and  
17 arrested him. So I think he felt like even if he was  
18 talking to them and giving them information, he was  
19 always scared that things were going to go the wrong  
20 way. So. And his -- like I said, his cognition wasn't  
21 very good. So I think his flat affect and not showing  
22 what people would deem appropriate emotions to  
23 situations I think made people, officers maybe, you  
24 know, think he was guilty when he wasn't. He did his  
25 best. But I think that definitely -- that definitely

1     scared him because he felt like he didn't get a fair  
2     chance and have someone listen to his side. They just  
3     took him and threw him in jail.

4           Q.     Does Alex actually talk to you about having  
5     that reaction, or are you kind of --

6           A.     Yeah.

7           Q.     -- surmising that that's what happened?

8           A.     No, he did, he did. And he -- yeah, he  
9     definitely did.

10          Q.     Were there any other interactions with law  
11     enforcement where Alex reported that he felt he had been  
12     ill-treated?

13          A.     Yes.

14          Q.     What were the others?

15          A.     He was put in the back of a police car when he  
16     walked up from the house on Elm Way to get cigarettes at  
17     QFC. It's a couple miles. It's uphill. And they  
18     pulled in the parking lot; said there had been a robbery  
19     by two guys in the area; he fit the description. He  
20     said, "It wasn't me. I just walked up here for  
21     cigarettes." Anyways, they -- after awhile, he was  
22     afraid they were going to take him to jail. And they  
23     brought him home, and he was crying and was afraid  
24     that -- he said, "Please don't let them take me to  
25     jail."

1           So he was afraid of them because he never felt  
2     like they listened, or he could communicate with them  
3     the right way to get them to listen, I guess.

4           Q.     Yet in that incident, the police didn't  
5     actually arrest him, they is simply brought him home; is  
6     that right?

7           A.     Yeah. They said they were going to go and  
8     review evidence and would more than likely be back  
9     and -- to arrest him.

10          Q.     There were some other incidents, it sounds  
11     like, including the one at the Hollywood Casino, in  
12     which Alex had communication with law enforcement  
13     officers that was very calm and --

14          A.     Yes.

15          Q.     -- actually perhaps interactive in a fashion  
16     that allowed him to make some good decisions about what  
17     ought to happen. Is that --

18          A.     Yeah.

19          Q.     -- correct?

20          A.     Yes.

21          Q.     So is it fair for me to surmise from this that  
22     there were circumstances in which Alex was fine with  
23     police being around, and perhaps other times would be  
24     adversely affected by it?

25          A.     I think it's the immediate interaction with

# APPENDIX J

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON AT SEATTLE

JENNIFER DOLD, personal )  
representative of the )  
estate of Alexander Dold; )  
and KATHY DUNCAN, mother )  
of Alexander Dold, )

Plaintiffs, )

vs. )

NO. 2:20-cv-00383-RAJ

SNOHOMISH COUNTY, a )  
political subdivision of )  
the State of Washington; )  
BRYSON MCGEE; and CODY )  
McCOY, )

Defendants. )

Video-Recorded Deposition Upon Oral Examination  
of  
VANESSA DOLD

Taken Via Zoom

DATE: February 2, 2022

REPORTED BY: Lori K. Haworth, RPR  
License No.: 2958

1 Q. Sure. What about having friends over or any  
2 company?

3 A. I don't think he had company out there that I  
4 remember.

5 Q. Okay. I read that Alex's -- one of his good  
6 friends had an altercation with the Shoreline Police  
7 Department, and his friend passed away.

8 A. Yes.

9 Q. Can you tell me anything you know about that  
10 incident.

11 A. So I believe Alex and my sister, Jen, were  
12 going over to pick up -- his name was David. To go  
13 hang-out. And before they got there, David and his  
14 girlfriend had gotten in some sort of argument, and I --  
15 I believe he tried to hurt himself, and his parents  
16 called 911. And that's the bulk of what I know, other  
17 than what ended up happening.

18 Q. And do you know if -- when Jen and Alex got  
19 over there, was -- was it hours after or was it --

20 A. It was -- it was pretty -- pretty soon after,  
21 after it happened, after he died.

22 Q. And do you know if David -- David's body was  
23 still there?

24 A. I don't know, no.

25 Q. Did Alex ever confide in you about this

1 incident and how it impacted him?

2 A. He was upset. David was one of his best  
3 friends. Yeah.

4 Q. Did he go to therapy?

5 A. I don't think so. I am not sure.

6 Q. Did his behavior change after this?

7 A. I am -- I am sure -- I am sure it did just  
8 because that's a pretty significant event, to lose your  
9 best friend in that way, but I -- I can't think of  
10 anything specific.

11 Q. Did he -- do you know if he used any -- used  
12 any drugs or alcohol after this incident more or less?

13 A. I don't know, no. He wasn't really a big  
14 drinker, and he wasn't into drugs, so I -- I don't think  
15 so, but I am not sure.

16 Q. Okay. Did you ever feel scared for your  
17 brother after the few incidents I have gone over with  
18 the Shoreline Police Department, his altercation with  
19 Frank, and the -- his friend smashing the car door -- or  
20 the car window?

21 A. I am not sure what -- what you mean by feel  
22 scared for him?

23 Q. Did you ever feel scared that these incidents  
24 would im- -- how they would impact him?

25 A. I think it made him a bit more afraid and a bit



Shannon, do you have any questions?

MS. RAGONESI: Yes. I just have a couple,  
so.

You are almost done, Vanessa. Just quickly.

E X A M I N A T I O N

BY MS. RAGONESI:

Q. Did Alex ever tell you that he was afraid of  
police?

A. I think he had a distrust, and he was a little  
afraid of them, just after what happened to David, his  
friend.

Q. Specifically, though, did he ever tell you that  
he was afraid of police?

A. I don't know if he stated those exact words.

Q. Did he ever tell you that he disliked police?

A. No.

Q. Did he ever specifically say anything to you  
about police?

A. I am sure he may have at some point in time.  
Yeah.

Q. But as you sit here today, you don't recall?

A. I don't -- I can't recall anything specific.  
No.

MS. RAGONESI: Okay. Thank you. Those

# APPENDIX K

UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

-----  
JENNIFER DOLD, personal representative )  
of the estate of Alexander Dold; and )  
KATHY DUNCAN, mother of Alexander Dold, )

Plaintiffs, )

vs. )

) NO. 2:20-CV-00383

SNOHOMISH COUNTY, a political )  
subdivision of the State of )  
Washington; BRYSON MCGEE; and )  
CODY MCCOY, )

Defendants. )

-----  
REMOTE  
VIDEO DEPOSITION UPON ORAL EXAMINATION OF  
KATHY DUNCAN  
-----

9:39 a.m.

January 26, 2022

Seattle, Washington

STENOGRAPHICALLY REPORTED BY:

JANE L. WORDEN, RPR, CCR No. 2726

1       A. Well, I think Mike was giving him a bad time about  
2 not working. And he didn't really understand the  
3 schizophrenia. And it might have been before the official  
4 diagnosis.

5       Q. So what did Alex do during that argument?

6       A. Well, I wasn't there. But I just know they were  
7 arguing.

8       Q. Did anyone tell you what Alex did during the  
9 argument?

10      A. No.

11      Q. You testified earlier that Alex had at least one  
12 instance of being charged with being a minor in possession  
13 and one instance of being charged with a DUI.

14               So is it correct to say that he had had some  
15 prior interactions with police officers before the night  
16 in question?

17      A. Yes.

18      Q. Was there anything that Alex told you about his  
19 prior interactions with police?

20      A. No.

21      Q. When you called 911 the night of the incident, you  
22 mentioned that Alex had had a friend who died in an  
23 interaction with police; is that correct?

24      A. Correct.

25      Q. Can you explain to me what that interaction was,

1 what you know about that.

2 A. I wasn't there, but from what I was told, the  
3 young man, David, was threatening to hurt himself. And  
4 his dad called 911 to get help. And I guess he had a  
5 weapon and he was bloody.

6 He was standing on the front porch, and his  
7 arms were down. And he didn't put his weapon down, and  
8 they shot and killed him.

9 Q. Do you know David's last name?

10 A. Albrecht.

11 Q. Albright?

12 A. No, A-l-b-r-e-c-h-t, I believe.

13 And my daughter -- well.

14 Q. No, please go ahead.

15 MR. LOBSENZ: The question's been answered; so ask  
16 another --

17 THE WITNESS: It's not relevant to that, no.

18 Q. BY MS. RAGONESI: What were you about to say about  
19 your daughter?

20 A. She was told by an officer at the scene that it  
21 doesn't matter if he raised his weapon. If he didn't put  
22 it down, they had a right to kill him.

23 Q. So your daughter was at the scene of the incident?

24 A. Yes.

25 Q. Was Alex at the scene of the incident?

1       A. They were both there afterwards. It was taped off  
2 before they got there.

3       Q. Did Alex tell you how he felt about what happened  
4 with David and the police?

5       A. How I found out?

6       Q. No, no, I'm sorry. Did Alex tell you how he felt  
7 about what happened with David and the police?

8       A. Not in so many words. But he was a pallbearer.  
9 And I remember him going up to his coffin and putting his  
10 hand on his hand. So he knew what could happen with  
11 police.

12       Q. When did that incident with David happen?

13       A. It was on David's 21st birthday I think 2010.

14               But it was on David's 21st birthday.

15       Q. Did Alex ever tell you that he was afraid of  
16 police?

17       A. Not in those words, no.

18       Q. What words did Alex use?

19       A. He just knew, he knew what could happen.

20       Q. How do you know what Alex knew could happen?

21               Did he tell you something about that?

22       MR. LOBSENZ: Object, I think it misstates her  
23 testimony. But I think she was -- you asked him what he  
24 said, and she answered you he knew that it could happen.

25       Q. BY MS. RAGONESI: Let me reask a question.